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| | | | |
|---|----------------------------------|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 60409CON(50370) | |
| Application Number 10/729,576-Conf. #9888 | | Filed December 1, 2003 | |
| For CELL SURFACE PROTEINS AND USE THEREOF AS INDICATORS OF ACTIVATION OF CELLULAR SIGNAL TRANSDUCTION PATHWAYS | | | |
| Art Unit N/A | | Examiner Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 \$ 110.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet. | | | |
| <div style="text-align: right;">RECEIVED DEC 09 2004 OFFICE OF PETITIONS</div> | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 32,360 | | | |
| _____ Signature | | December 3, 2004 Date | |
| Peter C. Lauro Typed or printed name | | (617) 439-4444 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

01/14/2005 AKELLEY 00000003 10729576

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110.00 OP

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 517929875 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 3, 2004

Signature:  (Peter C. Lauro)

12/07/2004 MBERHE 00000007 10729576

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| <div style="display: flex; justify-content: space-between;"> <div> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>32,360</u></p> </div> <div style="text-align: right;"> <p>December 3, 2004 Date</p> <p>(617) 439-4444 Telephone Number</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <p><u>Peter C. Lauro</u> Signature</p> <p>Peter C. Lauro Typed or printed name</p> </div> </div> | | | |
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